

# INTERNET SAFETY (CIPA) CERTIFICATION

As the duly authorized representative of the applicant library, I hereby certify that the library is: *(check only **one** of the following boxes)*

A. ☐ CIPA Compliant

*(The applicant library has complied with the requirements of Section 9134 (f) (1) of the Library Services and Technology Act*

OR

B. ☐ The CIPA requirements do not apply because no funds made available under the LSTA program are being used to purchase computers to access the Internet, or to pay for direct costs associated with accessing the Internet.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant Library